

**PRIVACY ACT STATEMENT:** Under the authority of 5 MC 301, your social security number is solicited for the purpose of processing your request for a leave of absence from the NROTC Program. It will be used for purposes of individual identification and will not be divulged without your written authorization to anyone other than Navy personnel involved with the administration of the program. You are not required to provide this information; however, failure to do so may result in the denial of your request.

FROM: (Midshipman's Last, First, Middle Name)	SSN	STATUS
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To:

Via:

Subj: REQUEST FOR LEAVE OF ABSENCE FROM NROTC PROGRAM

Encl: (1)

1. It is requested that I be granted a leave of absence from NROTC Program during the following period: \_\_\_\_\_ to \_\_\_\_\_.

2. The reason for this request is:

(If more space is required, use reverse side.)

SIGNATURE	DATE
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## ENDORSEMENT

From:

To:

1. Forwarded, recommending

2. The following information is provided:

PRESENT COMMISSION DATE	PROPOSED COMMISSION DATE	AGE OF STUDENT ON 30 JUN OF THE PROPOSED COMMISSION YEAR
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3. The following additional comments are appropriate:

SIGNATURE	DATE
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## FINAL ACTION

From::

To: Above named midshipmen

Via:

1. Returned

SIGNATURE	DATE
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By direction

Copy to: